



COMMONWEALTH OF MASSACHUSETTS
LABOR RELATIONS COMMISSION
CHARGE OF PROHIBITED PRACTICE
CHALLENGING A SERVICE FEE

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

INSTRUCTIONS: Answer all applicable questions. Failing to provide information may result in the dismissal of the charge. File an original and two (2) copies of this form with the Commission.

1. Please check all that apply

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This charge challenges the AMOUNT of the service fee.

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This charge challenges the VALIDITY of the service fee.

2. Employer

3. Representative to contact

5. Telephone Number

4. Address (street and No., city/town, state, and ZIP code)

6. Fax Number

7. Employee Organization

8. Representative to contact

10. Telephone Number

9. Address (street and No., city/town, state, and ZIP code)

11. Fax Number

12. Date on which the Employee Organization made a written demand for payment of the service fee.

13. Amount of the regular membership dues.

14. Amount of the service fee demanded by the Employee Organization.

15. Beginning and expiration dates of the collective bargaining agreement under which the service fee was demanded.

16. Have you used the Employee Organization's rebate procedure?

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Yes

What was the result?

☐

No

Why not?

17. If you are challenging the AMOUNT of the service fee, you must place an amount equal to the disputed service fee into a joint escrow account with the Employee Organization and attach evidence that the account has been established. Pursuant to 456 CMR 17.07, the Commission may dismiss the charge if the charging party fails to establish and maintain the required account. Have you established the required account?

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Yes

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No

If not, why not?

18. Sumamry of basis of Charge (be specific as to names, dates, addresses, etc.)

If you are contesting the VALIDITY of the service fee, state the basis of the charge, including all the relevant facts on which the charge is based.
If you are challenging the AMOUNT of the service fee, state generally the reason for the charge. Attach additional pages if necessary.

By these and other acts, the Employee Organization has violated M.G.L. c. 150E, §10(b)(1).

INFORMATION ON CHARGING PARTY

19. Name	20. Representative to contact	22. Telephone Number
21. Address (street and No., city/town, state, and ZIP code)		23. Fax Number

DECLARATION

I have read the above charge of prohibited practice and swear under the pains and penalties of perjury that the information contained in it is true and complete to the best of my knowledge and belief.

Name (print)	Signature	Title (if any)
Address (street and no., city/town, state, and ZIP code)		Telephone Number

CERTIFICATE OF SERVICE

I hereby certify that I have served a copy of this Charge of Prohibited Practice on the following representative of the opposing party.

Name	Address (street and no., city/town, state, and ZIP code)	Telephone Number
Method of Service <input type="checkbox"/> In hand <input type="checkbox"/> First Class Mail <input type="checkbox"/> Other (specify): _____		
Signature of Person making Certification		Telephone Number